

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014031

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2844

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAR 20 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

St. Louis

Length of stay in 1b

3 wks.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Jewish Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE

Mo.

b. COUNTY

St. Louis

c. CITY

OR TOWN

Clayton

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

7548 Parkdale

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

GEORGE

Middle

ZUCKERMAN

Last

4. DATE OF DEATH

Month

Mar. 10, 1963

Day

Year

5. SEX

Male

6. COLOR OR RACE

Cauc.

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-25-1896

9. AGE (last birthday)

66

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Inspector

10b. KIND OF BUSINESS OR INDUSTRY

Army Procurement

11. BIRTHPLACE (City and state or country)

Russia

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Itzak Zuckerman

13b. MOTHER'S MAIDEN NAME

Untz Rifka (Unknown)

14. NAME OF HUSBAND OR WIFE

Beatrice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates)

Yes

W.W.# 1

16. SOCIAL SECURITY NO.

17. INFORMANT

Howard Zuckerman 7548 Parkdale

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Branchopneumonia

INTERVAL BETWEEN ONSET AND DEATH

24 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

metastatic Carcinoma of lung

6 mo

DUE TO (c)

Primary Carcinoma Prostate

4 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

177X

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1959

March 10, 1963

and last saw him alive on March 10, 1963

Death occurred at 8

p.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Donald H. Finger M.D.

22b. ADDRESS

4919 Forest PARK

22c. DATE SIGNED

3/11/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Rem.

23b. DATE

3/12/1963

23c. NAME OF CEMETERY OR CREMATORY

Bhesed Shel Emeth

23d. LOCATION (City, town, or county)

University City, Mo.

24. FUNERAL DIRECTOR

25. DATE RECD. BY LOCAL REG.

Berger Memorial 4715 cPherson

MAR 11 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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64

400 2 30

- STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John J. Gindling

Licensed Embalmer No. 4229

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.